
Agency Name

Date

To: Melinda Squires-Nelson
NCA Grant Coordinator
101 City Hall Plaza
Durham, NC

Certification

We certify that the accompanying Schedule of Grantee Receipts and Expenditures (see page 2) represents **all** financial activity related to the receipt, use, and expenditure of **all** funds for the fiscal year ended _____ and that the City-funded expenditures
Month / Day / Year

were for the purposes appropriated by the City Council and in compliance with the applicable laws, regulations, and terms and conditions of the grant documents.

The Schedule of Grantee Receipts and Expenditures (see page 2) is presented on the **cash basis of accounting** and is supported by our financial records.

Sworn Statement

_____ and _____ being duly sworn,
Treasurer's Name *CEO's Name*

say that they are the Treasurer and Chief Executive Officer, respectively, of

_____ of _____ in the State of _____;
Official Corporate Name *City* *State*

and that the foregoing certification is true, accurate and complete to the best of their knowledge and was made and subscribed by them.

Sworn to and subscribed before me on
the day of the date of said certification

Treasurer

Chief Executive Officer

Notary Public

Schedule of Grantee Receipts and Expenditures (Cash Basis)

Organization Name: _____

Organization Tax ID #: _____

For the Fiscal Year Ended: Month: _____ Day: _____ Year: _____

Receipts:

Funding Entity	Program Name	Beginning of Period	End of Period
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

Total Receipts:

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Expenditures:

Salary/Wages/Benefits			
Contracted Services			
Supplies and Materials			
Travel	Mileage, Meals, Hotel, etc.		
Communication Costs	Phone, Postage, Freight, etc.		
Occupancy Costs	Rent, Utilities, Maintenance, etc.		
Advertising and Promotions			
Insurance and Bonding			
Capital Outlay	Furniture/Equipment, etc.		
Grants and Contracts			
Other Expenses: (List)	Miscellaneous Items		

Total Expenditures:

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Unexpected NCA Grant Balance

Available for Expenditures:

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